

REQUEST FORM FOR EXCEPTION TO WAIVE PROHIBITION

INTRODUCTION

The attached Request Form for Exception to Prohibition is for job applicants who have been disqualified from employment due to certain aspects of the applicant's background check. The Exception Request serves as the applicant's appeal to have the Kansas Department for Aging and Disability Services (KDADS) review the disqualification in accordance with K.S.A. 39-2009. After review of the disqualifying offense(s) along with the contents of the waiver request, KDADS shall issue a written response either granting or denying the exception. **Please remember, if this exception is granted it will not remove anything from the applicant's background check. An exception, if granted, permits an individual to work despite the offense(s) in his/her background check.**

This Exception Request and review is **only** applicable for applicants who are seeking employment in a center, facility, hospital, or with a provider of services that is licensed by KDADS. The definitions of a center, facility, hospital, or of an HCBS provider of services licensed by KDADS can be found in K.S.A. 39-2009. KDADS does not guarantee employment with any entity, nor is KDADS liable if an employer does not hire an applicant.

NOTE: If the applicant believes that the offense(s) and/or convictions in his/her background check are incorrect, these concerns must be addressed with the Criminal Records Unit with the Kansas Bureau of Investigation (KBI). KDADS is unable to grant a waiver solely because the applicant believes the contents of the background check need to be amended/corrected by the KBI.

INSTRUCTIONS

The **entire** Exception Request form must be completed before submission. Failure to complete the entire Exception Request form may result in a delay in your request being processed. You must provide a brief narrative explaining why you should be permitted to work despite the convictions that appear in your background check. You are also permitted to attach any of the following with the completed request form:

- Letter of Support from employers you've worked for since the offense/ conviction;
- Documentation from the KBI regarding changes/amendments to offense(s)/conviction(s) in the applicant's background check;
- Court documentation of expungements;
- Up to three (3) character reference letters; and
- Evidence to support completion of sentencing requirements including, but not limited to, completion of probationary restitution.

New England Building
503 South Kansas Avenue
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Timothy E. Keck, Secretary

Governor Jeff Colyer, M.D.

It is important that all information is submitted at the same time to avoid delays or lack of consideration to all information submitted by the applicant. An incomplete application will not be reviewed. The applicant may submit all documents to:

- Mailed to the Address below:

Kansas Department for Aging and Disability Services
Attention: Exceptions Division
503 S. Kansas Avenue
Topeka, KS 66603

